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10/25/10--01003--019 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rogazza Retail LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Faith Royal
Name of Person
Negazza Nesteril CC
11033 Legacy Blue #302
Palm Beach Gardens, FL 33-110 City/State and Zip Code
E-mail address: (to be used for future angual report notification)
For further information concerning this matter, please call:
Perith Royal at (561) 460 5437 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301...

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVISION OF CORPORATION

Zip Code

	10 con
Reserva R	eteril LLC 10 OCT 25 AMII: 38
(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 01-17-07 and assigned
Florida document number LD7 0000596	1 .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
Regazza LLC	<u>-</u>
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our records, enter the name of the new
Name of New Registered Agent:	come contraction boughts
New Registered Office Address:	
	Enter Florida street address
	Florida

New Registered Agent's Signature, if changing Registered Agent:

1.3

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	: Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	_		Add Remove
			Add Remove
			Add Remove
D. If ai	nending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.	<u></u> <u></u>
			FILED FILED SECRETARY OF CORE
Dated _	10-19-10	Sug.	Y OF STATE DORPGRATION
	Fei In Rona	aber or authorized representative of a member ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00